



# 82<sup>nd</sup> ANNUAL COLLEGIATE DAIRY PRODUCTS EVALUATION CONTEST

Coaches, Judges & Officials  
Participation Form

**Return this form to:**

**Kate Cantrell**

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1451 Dolley Madison Boulevard

McLean, VA 22101-3850

**Fax: (703) 761-4334**

**E-mail: [kcantrell@iafis.org](mailto:kcantrell@iafis.org)**

Name \_\_\_\_\_

Company/School \_\_\_\_\_

Judge Category (*for Judges only*) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

I will \_\_\_\_\_ /will not \_\_\_\_\_ participate in the Coaches Meeting on Thursday, October 30.

I will \_\_\_\_\_ /will not \_\_\_\_\_ participate in the Contest on Friday, October 31.

I will \_\_\_\_\_ /will not \_\_\_\_\_ participate in the Coaches Clinic on Friday, October 31.

I will \_\_\_\_\_ /will not \_\_\_\_\_ participate in the Social Event on Friday, October 31.

I will \_\_\_\_\_ /will not \_\_\_\_\_ attend the Awards Breakfast on Saturday, November 1.

**Coaches Only:**

Please indicate the total number of students and coaches (including yourself) on your team that will attend the social event: \_\_\_\_\_

Please indicate the total number of students and coaches (including yourself) on your team that will attend the awards breakfast: \_\_\_\_\_

**Change of Address:** If you are an official who has changed companies or mailing addresses, please provide your new information including phone and e-mail here:

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**This form should be received no later than Friday, September 19, 2003.**